



Health Care Reform Platform

June 25, 2008

PREAMBLE

This document is designed primarily for internal use and will serve as the baseline for ENA to examine and address health care reform proposals.

INTRODUCTION

As the representative professional organization for more than 35,000 emergency nurses across the United States, the Emergency Nurses Association (ENA) has identified key elements which we believe to be essential to the future security of health care in this country. Some of these components are delineated in ENA's position statement, "Access to Healthcare" (February 2006).

As an advocate for patient safety and quality care, ENA believes that public officials should work to provide *all* individuals with equitable access to comprehensive health care services, including the medical conditions of mental disorders, alcohol and substance abuse, and addictions. Everyone in the nation should have access to a health home for basic care, health promotion, and non-urgent medical needs. Proposals for health care reform should remove those factors that impede individuals from attaining the necessary quality care to which all persons are entitled. Emergency services and trauma care have reached a crisis in the United States, chiefly due to crowding and boarding, lack of health care providers, and the burden of uncompensated care.

In order to resolve the systemic health care crisis in the country, the Emergency Nurses Association believes that health care reform proposals must address the following.

PLATFORM PLANKS

1. **Emergency & Trauma Care Systems**

- (a) Supports regionalized, coordinated, and accountable emergency care.
- (b) Mandates and funds integrated trauma system development throughout the nation.
- (c) Addresses on-call specialist problem resulting from changes in the EMTALA regulations.
- (d) Reduces and eliminates factors that contribute to crowding/boarding by addressing both operational and policy issues as systemic problems.
- (e) Protects ED health care workers from requirements to report citizenship status of patients presenting to the ED.

2. **Health Care Workforce**

- (a) Increases funding for the Nursing Workforce Development Programs under Title VIII of the Public Health Services Act at a level to meet current and future health care needs.

- (b) Increases nurse faculty scholarship funding to develop the next generation of educators and mid-level practitioners and increases scholarship funding for entry into practice.
- (c) Maximizes education funding for healthcare professionals who commit to practice in underserved areas.
- (d) Provides funding for health care worker education to deliver “culturally proficient” care, e.g., ethnic, religion, gender.

3. **Information Technology**

- (a) Supports efforts standardizing the electronic interchange of personal health information while protecting the privacy rights of individuals.

4. **Insurance Coverage**

- (a) Provides a plan for affordable health insurance for the uninsured and underinsured.
- (b) Broadens SCHIP to cover all uninsured and underinsured children.
- (c) Requires a minimum level of insurance to be maintained by all.
- (d) Provides a tax credit for employers and individuals on their purchase of insurance.

5. **Insurance Reform**

- (a) Urges state and federal governments to lead the coalition building required for healthcare insurance reform,
- (b) Promotes insurer and hospital efficiency to create equitable care, i.e., a higher percentage of every dollar is spent on patient care.

6. **Preventive Health Care: Health Promotion and Injury Prevention**

- (a) Promotes and increases funding for the continuum of preventive health care education – “womb to tomb.”
- (b) Provides incentives and/or tax credit for focusing on wellness and healthy lifestyles.
- (c) Advocates strategies targeting education/behavioral changes, legislation/enforcement, and engineering/technology approaches to prevent the incidents and severity of injuries.

7. **Primary Care**

- (a) Supports funding of incentives to develop a primary care workforce sufficient to meet the nation’s health care needs.

- (b) Promotes national access to primary care through the enhancement of services by local community health centers and neighborhood clinics.
- (c) Supports and increases the use of advanced practice nurses in appropriate settings.
- (d) Eliminates barriers that prevent (1) the triaging of patients from the ED to primary care health facilities and (2) expediting care within the ED.
- (e) Advances a continuum of quality care for patients with mental illnesses and substance use disorders, including collaboration among EDs and community-based programs engaged in building and maintaining a coordinated system of services.
- (f) Advocates for access to chronic disease speciality clinics.

8. Reimbursement

- (a) Establishes dedicated funding to reimburse hospitals for the financial losses incurred by providing uncompensated emergency and trauma care.
- (b) Stabilizes and increases reimbursement to providers and hospitals sufficient to meet costs.

9. Tort Reform & Medical Errors

- (a) Contains alternative dispute resolution programs – involving nurses and physicians – to resolve malpractice claims outside of the court system, or sort out the merits of a case before it enters the system.
- (b) Supports systems-based improvements to reduce errors, the development of standards of safe staffing practices to maintain quality patient care, and the active participation between the government and health care providers to make the U.S. health system safer with improved outcomes for patients.

10. Utilization of the Health Care System

- (a) Provides funding for public education on the appropriate utilization of the health care system from cradle to grave.
- (b) Mandates health care plans to address patient accountability for appropriate use of health care resources, for example, proper use of the ED.
- (c) Fosters continued transparency of health care performance measures and corresponding reimbursements.
- (d) Advocates for standard definitions of health care performance measurements.
- (e) Provides the case management system with sufficient resources to manage patients' crises without the intervention of a separately organized emergency service.

Approved by the ENA Board of Directors - June 25, 2008.